## **Application to Convert Out-of-State Driver Education Certificate**



## **Registry of Motor Vehicles**

Driver's Education Department
P.O. Box 199100
Boston, Massachusetts, 02119-9100



TO BE COMPLETED BY APPLICANT: (please print legibly):

NAME:			
ADDRESS:		200.76	
Street		Bldg / Apt	
City	State	Zip Code	
SOCIAL SECURITY # :	DATE OF BII	DATE OF BIRTH:	
DRIVING SCHOOL INFORMATIO	N:		
School Name:			
City / Town:	State:	State:	
Date course was completed:			
Applicant's signature:		Date:	
Mail this application to the	e address listed above. Be su	ure to include the following:	
	ler for \$15.00, made payable to the		
	state *Driver's Education Certifica		
100	achusetts Learner's Permit (if appliance) achusetts Learner's Permit (if appliance) achusetts will not be returned	,	
	-		
If your application is approved, the Ma 10 days. If your application is not appr		<u> </u>	
Scheduling of a road exam will not be a tion Certificate <i>and</i> you have satisfied a setts Driver's Manual).			
	For RMV Use Only		
Cashier's #	•		
Date Issued:			